

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	4					
5	4					
6	4					
7	4					
8	4					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	1					
16	1					
17	2					
18	1					
19	10					
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50						
TOTAL IND.	5					
TOTAL DEP.	35					
TOTAL CLAIMS	60					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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